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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

| | |
|------------------------|-------------------------|
| Attorney Docket Number | 06167-PCT-PA(0083.0033) |
| First Named Inventor | Raaijmakers |
| COMPLETE IF KNOWN | |
| Application Number | 10/587,878 |
| Filing Date | July 28, 2006 |
| Art Unit | (to be assigned) |
| Examiner Name | (to be assigned) |

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method for the manufacture of carboxyalkylinulin

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **01/28/2005**

as United States Application Number or PCT International

Application Number **PCT/BE2005/00001** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| 040752280.0 | Europe | 01/30/2004 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02R attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND PAGES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address below

Name Armstrong, Kratz, Quintos, Hanson & Brooks, LLP

Address 502 Washington Avenue, Suite 220

City Towson

State

MD

ZIP

21204

Country USA

Telephone

410-337-2295

Fax

410-337-2295

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any))

Harry W.C.

Family Name
or Surname

RAAIJMAKERS

Inventor's
Signature

H. R. Raaijmakers

Date

July 2006

Residence: City

Roosendaal

State

Netherlands

Citizenship

Dutch

Mailing Address

Madeliefberg 8

City

Roosendaal

State

NL-4708 NP

Country

Netherlands

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any))

Ernst

Family Name
or Surname

NEELEMAN

Inventor's
Signature

E. Neeleman

Date

July 2006

Residence: City

Ridderkerk

State

Netherlands

Citizenship

Dutch

Mailing Address

Kievitsweg 19

City

Ridderkerk

State

NL-2983 AC

Country

Netherlands

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



Please use this sign (+) inside this box



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0661-0036
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|---|
| Application Number | 10/587,878 |
| Filing Date | July 28, 2006 |
| First Named Inventor | Raaijmakers |
| Title | Method for the Manufacture of Carboxyalkylinulin |
| Group Art Unit | (to be assigned) |
| Examiner Name | (to be assigned) |
| Attorney Docket Number | 06167-PCT-PA(0083.0038) |

I hereby appoint:

☐ Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

☒ Practitioner(s) named below:

| Name | Registration Number |
|------------------|---------------------|
| Leonard Bloom | 18,369 |
| Robert M. Gamson | 32,986 |
| Sam Rosen | 37,991 |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

☒ Firm or
Individual Name

Armstrong, Kratz, Quintos, Hanson & Brooks, LLP

Address 502 Washington Avenue

Address Suite 220

City Towson State MD Zip 21204

Country USA

Telephone 410-337-2295 Fax 410-337-2296

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86).

SIGNATURE of Applicant or Assignee of Record

Name RAAIJMAKERS, Harry W.C.

Signature

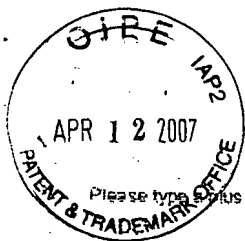
Date

July 2006

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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PTO/SB/61 (02-01)

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☐ Practitioners at Customer Number

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OR

| | | | | | |
|---|---|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Armstrong, Kratz, Quintos, Hanson & Brooks, LLP | | | | |
| Address | 502 Washington Avenue | | | | |
| Address | Suite 220 | | | | |
| City | Towson | State | MD | Zip | 21204 |
| Country | USA | | | | |
| Telephone | 410-337-2295 | Fax | 410-337-2296 | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/66).

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|-----------------|
| Name | NEELEMAN, Ernst |
| Signature | |
| Date | July 2006 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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